

<b>Case Number:</b>	CM13-0006878		
<b>Date Assigned:</b>	09/05/2013	<b>Date of Injury:</b>	10/14/2001
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 48 year-old male with a date of injury of 10/14 /2001 and is being treated for neck, bilateral shoulder, and low back pain and depression. As per progress report dated 5/3/2013, the pain radiates from the neck to the upper extremities with numbness to the shoulder; pain was intermittent depending on activity. He also had low back pain with intermittent radiation to the right lower extremity and associated numbness and tingling. Lumbar exam showed reduced range of motion, tenderness and a negative straight leg raise, and decreased sensation to light touch in the L5 distribution on the right. The patient has depression anxiety and suicidal ideation, currently being treated with Zoloft. He has reduced shoulder range of motion, with positive impingement sign, tenderness over lower cervical spine and bilateral cervical paraspinal spasm with Spurlings being negative. EMG/NCS on 4/8/09 showed left C5-6 nerve root irritation. He has had two MRIs of the cervical spine showing moderate disc bulges in 2009 and 2011. The patient is diagnosed with chronic cervicalgia, cervical DDD bilateral shoulder impingement, chronic low back pain, right sciatica, depression/anxiety and history of MRSA.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Practice Guidelines ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute and Chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The patient has pain radiating to the upper extremities with numbness to the shoulder, pain was intermittent depending on activity. The CA MTUS recommends MRI for physiological evidence of tissue insult, neurological dysfunction, failure of a progressive strengthening program intended to avoid surgery or clarification of anatomy prior to invasive procedure. This patient had an EMG in 2009 showing cervical radiculitis and continues to have the same symptomatic irritation. The patient had a MRI in 2009 and in 2011 that showed disc protrusions. As he continues to have the same symptoms, the request for MRI the cervical spine would be medically necessary only if there are significant new findings present. As the patient does not have any other evidence of tissue insult, no new neurological dysfunction, no program designed to avoid surgery, and is not pending a surgical procedure, a third cervical MRI is not medically necessary.

**Unknown prescription of Flexeril:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41-41.

**Decision rationale:** Flexeril is a muscle relaxant which treats muscle spasms. The patient does demonstrate some signs of muscle tension on history but the severity of tension is not clear and does not represent a spasm. There is not enough information regarding the prescription to make an adequate review. The CA MTUS recommends Flexeril for a limited time. The records indicate the patient has been taking this medication for an extended period of time. Without a clear indication for the extended use of Flexeril, and without a plan, prescription dosage or duration of treatment, this treatment is not medically necessary.

**Trial prescription of Zoloft 50mg:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

**Decision rationale:** The Agreed Medical Examiner (AME) report indicates a diagnosis of depression and anxiety. Zoloft is a selective serotonin reuptake inhibitor (SSRI) antidepressant. The CA MTUS recommends antidepressants for non-neuropathic pain as an option in depressed patients with non-neuropathic pain. This medication is not as effective in low back pain as other antidepressant classes; however, this medication is being prescribed more for depression itself, than the chronic low back pain. The guidelines indicate that SSRIs can address the psychological effects of chronic pain, which is the intended use indicated by the provider and the AME. The

patient has a clinical diagnosis depression, continues to have pain symptoms; therefore, this medication is medically necessary as per the CA MTUS guidelines.

**A neurological consultation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** The CA MTUS states, "that patients with acute neck or upper back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine and rehab specialist may help resolve symptoms." There is no documentation of red flags on history or exam and there are no clear indications for surgery. Therefore the request for neurosurgical exam is not medically necessary.

**One (1) prescription of Norco 10/325mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 57.

**Decision rationale:** The CA MTUS chronic pain guidelines are specific with regards to opioids. The patient has been on multiple opioid medications without documented relief. The patient has switched to Norco several months prior. He is taking this medication on an as needed basis without evidence that this medication has decreased pain or increased his function, which is a requisite for continuation of treatment with opioids; therefore, this medication is not medically necessary.

**One (1) prescription for Lyrica 50mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-20.

**Decision rationale:** Lyrica has been used for a period of time in this patient and there is no documentation that it has helped this patient's pain. There is no documentation that the patient specifically has neuropathic pain as defined in the CA MTUS as "pain initiated or caused by a primary dysfunction of the nervous system." There is no documentation regarding the efficacy or duration of this medication. The guidelines indicate this medication is only recommended for

neuropathic pain, and effective control of neuropathic pain; therefore this request for Lyrica is not medically necessary.